

CLAIM FORM

ANNEXURE B
2018

In favour of : _____

Address : _____

Date : _____

Nature of Meeting

Date of Meeting

E.g. Executive (See note (a))

REFUND CLAIMED

(Hotel accommodation will be paid directly by the Society)

		TOTAL
1. Locum (at prevailing local tariff)	No. of days: _____ Daily tariff: _____	R _____

25 % PAYE will be deducted from locum fees. Pharmacies should give VAT invoice.

2. Travel Exp. * Motor @ R3.55/km	No. of km: _____	R _____
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* Other (Specify – e.g. parking)

_____ R _____

3. Other Expenses (See note (b))		
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* _____ R _____

* _____ R _____

* _____ R _____

CLAIMANT _____

(Name in full)

TOTAL CLAIM R _____

SIGNATURE _____

APPROVED _____

(on behalf of Treasurer)

Payment Bank deposit (as per bank details below)

Bank _____ Branch code _____ Account Type _____

Account holder _____ Account no. _____

NOTES:

- (a) Where more than one meeting is attended on the same day, the nature of all the meetings must be specified
- (b) "Other Expenses" – Attach documentation in support of your claim